

RECEIVED

THE SUPREME COURT of OHIO
OFFICE OF ATTORNEY SERVICES

APR 19 2024

Application for Retirement or Resignation

Office of Attorney Services

IN THE MATTER OF THE RETIREMENT OR
RESIGNATION OF

Kevin J. O'Brien

Full Name

AS AN ATTORNEY AT LAW

24-0758

AFFIDAVIT AND WAIVER

Gov.Bar R. VI, Section 11

I, Kevin J. O'Brien, Attorney Registration No. 0028108, a duly admitted attorney at law in the State of Ohio, wish to retire or resign from the practice of law in Ohio. I fully understand that this retirement or resignation completely divests me of the privilege of engaging in the practice of law, and of each, any, and all of the rights, privileges, and prerogatives appurtenant to the office of attorney and counselor at law. I fully understand that a resignation will be denoted as a resignation with discipline pending. I fully understand that my retirement or resignation is unconditional, final, and irrevocable.

I further allow Disciplinary Counsel to review all proceedings and documents relating to review and investigation of grievances made against me under the Rules for the Government of the Bar of Ohio and the Rules for the Government of the Judiciary of Ohio, and to disclose to the Supreme Court in the report filed in accordance with Gov.Bar R. VI, Section 11 any information it deems appropriate, including, but not limited to, information that otherwise would be private pursuant to Gov.Bar R. V.

I further state that (check one):



I am not admitted to the practice of law in another jurisdiction.



In addition to Ohio, I am admitted to the practice of law in the following jurisdiction(s) [List all jurisdictions and registration number]:

Jurisdiction and Registration No.

Jurisdiction and Registration No.

Jurisdiction and Registration No.

Jurisdiction and Registration No.

EXHIBIT
6

FILED

MAY 29 2024

CLERK OF COURT
SUPREME COURT OF OHIO

Application for Retirement or Resignation (continued)
Revised December 2021

ATTESTATION:

1. Client Funds:



I hereby attest that I have disbursed or will disburse all client funds in my IOLTA in accordance with Prof.Cond. R. 1.15. Any remaining client funds whose owner(s) cannot be determined or the client(s) cannot be located will be disbursed in accordance with Bd. of Prof.Cond. Adv. Opn. 2008-3.

2. Client Files (check one):



I hereby attest that I have no client files in my possession.

OR



I hereby attest that I have client files in my possession and that I will return them to my former clients within 60 days. In the event files cannot be returned, I will make arrangements for their appropriate and ethical disposition.

3. Contact Information:



I hereby understand that the records of the Office of Attorney Services will be updated to reflect my current contact information as listed below.

597 High St., P.O. Box 297

Current Mailing Address

Worthington, OH 43085

City/State/Zip Code

614/224-3080

Current Telephone Number

kevin@ohiolaw1.com

Current Email Address

Further affiant sayeth naught.

Signature of Attorney

Sworn to or affirmed before me and subscribed in my presence this 10 day of
April, 2024, in the State of Ohio, and County of
Franklin.



STACY L. CAMPBELL
Notary Public
State of Ohio
My Comm. Expires
May 11, 2027

Signature of Notary Public*

Printed Name of Notary Public

*Notary public's stamp/seal and commission expiration date required.